ny such testing is aimed primarily at new employees and those who work in safety-sensitive jobs (less than 10% of all employees).

CMAJ readers will be interested to know that the first employee to apply for reinstatement after a declared problem has returned to his safety-sensitive job under the provisions of the company's policy.

Arnold M. Katz, MD, CCFP, DOHS
Director
Occupational Health Division
Imperial Oil Limited
Toronto, Ont.

[The author responds:]

I interviewed Mr. Britton in his position as national representative of the Energy and Chemical Workers Union and quoted him accurately. If Mr. Katz disagrees with Britton's perception of the situation he should take the matter up with Britton and the union.

Richard Sutherland
Toronto, Ont.

Unprofessional laziness

I couldn't agree more with Dr. Thomas B. MacLachlan (*Can Med Assoc J* 1992; 146: 680) regarding these lazy and never-signed-by-the-physician letters.

It irks me when I think of all the time and effort I spend trying to provide clear letters of consultation about patients, which incurs a lot of expense in the typist's salary, cost of notepaper etc.

What I often do is to write to these physicians and say "Thank you for your nonspecific request; because this is a large file I would be grateful if you would specify what area you would like clarified, and I would be happy to provide you with such information."

This may not be a perfect answer, but I at least am trying to get the message across that if these physicians took some time to correspond directly and specifically we would all be much better off.

This is, of course, part of the general etiquette that we all had drummed into us when we were fledglings. As I keep saying to the students, etiquette is professional and in the long run serves our patients well.

John J. Boyd, MB, ChB, FRCSC
Edmonton, Alta.

Recognizing emergency medicine

I write concerning the article "Is emergency medicine a specialty? Quebec MDs disagree over controversial issue," by Michel Martin (*Can Med Assoc J* 1992; 146: 1632–1633, 1635–1636).

It does seem strange that the specialty of emergency medicine is recognized throughout the developed world but not in Quebec. The advent of this recognition elsewhere has undoubtedly improved the care of patients, and the close cooperation of emergency specialists, family physicians (who will always be called on to provide the bulk of emergency services) and specialists from other disciplines is notable. This cooperation exists in academia and in day-to-day medical practice.

Emergency medicine has a defined body of knowledge, skills and attitudes; to further define the specialty through critical exploration of what we know and what we do will advance the care of those with sudden, serious illness and injury. We look for leadership to those whose career and avocation are emergency medicine, a field that perhaps has been recognized more by society than by the profession of medicine itself.

The comment by Dr. Clément Richer, president of the Fédération des médecins omnipraticiens du Québec, that "we don't need a recognized specialty to develop centres of excellence" perpetuates the myth that if you make the centre strong (without recognized specialists?), then somehow the periphery also becomes strong.

As specialist emergency physicians stimulate learning among students, residents and practising physicians and as they question new knowledge as well as the tenets of established practice, so the field evolves, and progress in the care of patients occurs. This process requires that the system recognize, nurture and encourage the specialty; otherwise, this particular field in Quebec will lie fallow.

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Would decreased aluminum ingestion reduce the incidence of Alzheimer's disease?

Since there may be a relation between aluminum ingestion and dementia,[1,2] including Alzheimer's disease,[2-4] we wish to report an aluminum concentration (measured by flameless atomic absorption spectroscopy) in tap water of 1963 nmol/L and an increase to 4450 nmol/L in the same tap water after 4 hours of electrical heating in a 6.5-L aluminum-containing coffee percolator.

One of us (M.H.G.), who had drunk from 2 to 6 cups (240 mL each) of coffee from this percolator 5 days a week for at least 6 years, had a plasma aluminum level of 1502 nmol/L in February 1989. Two and a half years after